

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

17995

FILED MAY 28 1951

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 4567

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

<b>1. PLACE OF DEATH</b> a. COUNTY _____ b. CITY OR TOWN <u>St. Louis</u> c. LENGTH OF STAY (in this place) _____ d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Anthony Hospital</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Washington</u> c. CITY OR TOWN <u>Irondale</u> d. STREET ADDRESS _____ (If rural, give location) <u>1100</u> <u>1</u>	
<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <u>MONTA</u> b. (Middle) _____ c. (Last) <u>DOWNARD</u>		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>May 13 1951</u>	
<b>5. SEX</b> <u>Male</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Married</u>	<b>8. DATE OF BIRTH</b> <u>Sep't. 14, 1875</u>
<b>9. AGE</b> (In years last birthday) <u>75</u>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Mins. _____
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Merchant (Irondale, Mo.)</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> _____	<b>11. BIRTHPLACE</b> (State or foreign country) <u>Jefferson Co. Mo.</u>
<b>12. CITIZEN OF WHAT COUNTRY?</b> _____		<b>13a. FATHER'S NAME</b> <u>George Downard</u>	
<b>13b. MOTHER'S MAIDEN NAME</b> <u>Evelyn Huitt</u>		<b>14. NAME OF HUSBAND OR WIFE</b> <u>Lurah Downard</u>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		<b>16. SOCIAL SECURITY NO.</b> _____	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Blanche Whittaker</u>
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)		<b>18. ADDRESS</b> <u>2114 Portis Ave.</u>	
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)		<b>MEDICAL CERTIFICATION</b>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>9-12 hrs</u>	
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) <u>&amp; metastasizing to all</u>	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <u>underlying tumor</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		_____	
<b>19a. DATE OF OPERATION</b> <u>5-9-51</u>		<b>19b. MAJOR FINDINGS OF OPERATION</b> <u>Ce. found (as above), abdomen closed</u>	
<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify) <u>20</u>	
<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> _____	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (Min.) <u>noon</u>		<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
<b>21f. HOW DID INJURY OCCUR?</b> <u>137X</u>		<b>22. I hereby certify that I attended the deceased from</b> <u>4-24-51</u> , 19 <u>51</u> , to <u>5-13-51</u> , that I last saw the deceased alive on <u>5-13-51</u> , and that death occurred at <u>8:00 P.m.</u> , from the causes and on the date stated above.	
<b>23a. SIGNATURE</b> (Degree or title) <u>[Signature]</u>		<b>23b. ADDRESS</b> <u>45735 Kings Highway</u>	
<b>23c. DATE SIGNED</b> <u>5-14-51</u>		<b>24. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>	
<b>24b. DATE</b> <u>May 16, 1951</u>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Memorial Park Cem.</u>	
<b>24d. LOCATION</b> (City, town, or county) (State) <u>St. Louis Co. Mo.</u>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>[Signature]</u>	
<b>25. ADDRESS</b> <u>Kriegshauser 4228 S. Kings Highway Bl.</u>		<b>DATE REC'D BY LOCAL REG.</b> <u>MAY 15 1951</u>	

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

*Richard W. Stovesand*

Signed.....  
Student Embalmer

Licensed Embalmer No..... *4007*

P. O. Address.....

**Note:** The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.